

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 -- 0 0 2

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)  
2/07/03, 1/1/03

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
SUPPLEMENT 1 TO ATT 2.6-A, P. 1B, 2, 2A, 3, 3A, 4, 5, 6  
SUPPLEMENT 6 TO ATT 2.6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
SUPPLEMENT 1 TO ATT 2.6A, P. 1B, 2, 2A, 3, 4, 5, 6  
SUPPLEMENT 6 TO ATT 2.6

10. SUBJECT OF AMENDMENT: 2003 FEDERAL POVERTY LEVELS AND MAXIMUM STATE SUPPLEMENT PAYMENTS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED  
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Peter E. Walsh*

13. TYPED NAME:

PETER WALSH

14. TITLE:

ACTING COMMISSIONER, Maine Department of Human  
Services

15. DATE SUBMITTED: MARCH 26, 2003

16. RETURN TO:

Eugene Gessow, Director  
Bureau of Medical Services  
#11 State House Station  
442 CIVIC CENTER DRIVE  
Augusta, ME 04333-0011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

4-9-2003

18. DATE APPROVED:

06/30/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2/7/03 1/1/03

20. SIGNATURE OF REGIONAL OFFICIAL:

*[Signature]*

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator

23. REMARKS

Supplement 6 to ATT 2.6 Effective 1-1-03; remaining pages effective 2/7/03

*Maine (03-002)*  
*approved: 06/30/03*  
*effective: 02/07/03*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective February 1, 1998, based on the following percent of the official Federal income poverty level--

☐ 133 percent ☒ 185% percent (no more than 185 percent)  
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,385</u>
<u>2</u>	<u>\$1,869</u>
<u>3</u>	<u>\$2,353</u>
<u>4</u>	<u>\$2,837</u>
<u>5</u>	<u>\$3,321</u>

Add \$485 for each added member

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Effective February 1, 1998 based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 996</u>
<u>2</u>	<u>\$1,344</u>
<u>3</u>	<u>\$1,692</u>
<u>4</u>	<u>\$2,040</u>
<u>5</u>	<u>\$2,388</u>

Add \$349 for each added member

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL

4. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902 (a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 749</u>
<u>2</u>	<u>\$1,010</u>
<u>3</u>	<u>\$1,272</u>
<u>4</u>	<u>\$1,534</u>
<u>5</u>	<u>\$1,795</u>
<u>6</u>	<u>\$2,057</u>
<u>7</u>	<u>\$2,319</u>
<u>8</u>	<u>\$2,580</u>
<u>9</u>	<u>\$2,842</u>
<u>10</u>	<u>\$3,104</u>
Each Added Member	<u>\$ 262</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The level for determining income eligibility for optional groups of pregnant women and infants under the provisions of section 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,385</u>
<u>2</u>	<u>\$1,869</u>
<u>3</u>	<u>\$2,353</u>
<u>4</u>	<u>\$2,837</u>
<u>5</u>	<u>\$3,321</u>

Each Added Member \$ 485

Based on 185% FPL for pregnant women and infants

Please refer to Supplement 8a to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children under Section 1902(a)(10)(A)(ii)(IX) of the Act who have attained age 1 but not attained age 6.

Based on 133 percent (no more than 133 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 996</u>
<u>2</u>	<u>\$1,344</u>
<u>3</u>	<u>\$1,692</u>
<u>4</u>	<u>\$2040</u>
<u>5</u>	<u>\$2388</u>
Each Added Member	<u>\$ 349</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 749</u>
<u>2</u>	<u>\$ 1010</u>
<u>3</u>	<u>\$1,272</u>
<u>4</u>	<u>\$1,534</u>
<u>5</u>	<u>\$1,795</u>
<u>6</u>	<u>\$2,057</u>
<u>7</u>	<u>\$2,319</u>
<u>8</u>	<u>\$2,580</u>
<u>9</u>	<u>\$2,842</u>
<u>10</u>	<u>\$3104</u>

Each Added Member \$262

Please refer to Supplement 8a to Attachment 2.6A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100% percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	<u>\$ 749</u>
2	<u>\$1,010</u>
3	<u>\$1,272</u>
4	<u>\$1,534</u>
<u>5</u>	<u>\$1,795</u>
Each Added Member	<u>\$262</u>

Please refer to Supplement 8a to Attachment 2.6A



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(P)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 85 percent ☐ \_\_\_\_\_ percent (no more than 100(

Eff. Jan. 1, 1990: ☐ 90 percent ☐ \_\_\_\_\_ percent (no more than 100(

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1

\$ 749

2

\$1,010

Please refer to Supplement 8a to Attachment 2.6-A

State: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2003

Payment Category  (Reasonable Classification)	Administrated By		Income Level				Income Disregards Employed	
	Federal	State	Gross		Net		1 Person	Couple
			1 Person	Couple	1 Person	Couple		
(1)	(2)		(3)		(4)		(5)	
Living Alone		X	1,319.00	1,933.00	562.00	844.00	55.00	80.00
Living in Household of Another		X	947.00	1,374.36	376.00	564.68	55.00	80.00
Living in Foster Home		X	1,287.00	2,289.00	601.00	1,102.00	*	*
Living in Licensed Boarding Home (Flat rate)		X	1,623.00	2,923.00	769.00	1,419.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility		X	1,319.00	N/A	562.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility		X	1,656.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)		X	1,656.00	3,015.00	786.00	1,465.00	*	*

\*All groups received  
SSI disregards

N No. 03-002  
Supersedes  
TN No. 01-012

Approval Date: 6-30-03

Effective Date: 1/1/2003

HCFA ID: 7985E